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GORTON, David A.

Neurasthenia or nervous
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NEURASTHENIA
OR
NERVOUS EXHAUSTION

BY
DAVID ALLYN GORTON, M.D.

AUTHOR OF "THE MONISM OF MAN"

G. P. PUTNAM'S SONS

NEW YORK

LONDON

27 WEST TWENTY-THIRD ST.

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The Knickerbocker Press

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PREFATORY NOTE.

The essay which is presented herewith was published in *The New York Medical Times* for November, 1892. The favor with which it was then received has induced the author to give it to the public in this revised and improved form.

Brooklyn, N. Y., May 25, 1894.

“Behold me, then, rising from my chair, imploring you by your regard for the lives of your patients . . . to regard debility as the predisposing cause of nearly all the diseases of the human body.”

DR. BENJAMIN RUSK (Lecture to his class).

NEURASTHENIA; OR NERVOUS EXHAUSTION.

The malady to which the term neurasthenia has been applied is a condition rather than a disease. Although its existence is said by European writers to be confined to America, there is good reason to believe that the nervous condition to which the term is applied is as old and widespread as civilization itself. Newton and Scott were victims of it. "George Eliot" suffered from it, as did likewise Carlyle, Harriet Martineau, Matthew Arnold, MM. Balzac and Renan, Herbert Spencer, and numerous other European celebrities. We cannot see any justification, therefore, for the assertion of German and English alienists that the malady is of American origin, or that it is confined to America.

The disease is not new, if a disease it may be called, the term by which it is designated only, being new. Nor has the term been coined or invented by the word-monger, but is legitimately made up of two Greek words, namely, *νεῦρον*, *nerve*, and *ἀσθενεία*, *weakness*—literally, nerve weakness.

Neurasthenia is one of the most distressing conditions to which the nervous system is subject. It is likewise one that is the most difficult to overcome

or to remove, for the reason that it is one which is the least understood. It comprehends nervous exhaustion with all the morbid phenomena which that condition implies, and by which phrase the malady is commonly known. It is a disease which is identified with civilization, prevailing, in fact, wherever the struggle for existence is intense and the rivalry of fashion, luxury, and follies exists. Naturally, therefore, it is widely prevalent in America among the upper and affluent classes, and among those who think too much as well as among those who think too little. The working classes, or more precisely, the classes who live by physical or manual labor—who dig and delve, toil and sweat, that others may luxuriate and enjoy—are least affected by it. This exemption from a grave affection must be set down as one of their compensations.

The malady is not confined to sex. It is as frequent among men as women. Prof. Osler, of Johns Hopkins University, in his fine work on *Mental and Nervous Diseases*, says it is more frequent in men than women. Nervous prostration, one of the synonyms of neurasthenia, is too common among both sexes. It prevails on every hand, and has become so common as to excite but a passing interest among laymen. Members of the medical profession are unhappily not exempt from it. But the malady is more frequent among the clergy, still more frequent among statesmen and politicians, more frequent still, among scholars and literary and business men and women. We often

hear of clergymen swooning in their pulpits; lawyers and politicians breaking down in their arguments and speeches; students losing the drift of their studies; scholars and men of science being forced to intermit their labors and researches; bankers, brokers, and merchants obliged to retire from their desks and counters for rest and rejuvenation, having become disabled from making combinations (against their fellows), keeping the trend of things, or the run of their accounts. And this is the meaning of it: Their centres of thinking and feeling have become exhausted by reason of wear and tear, idleness and dissipation, indulgence in positive vices, and unreason and imprudence in the use of their faculties.

Definition of neurasthenia. The late Dr. George M. Beard, the author of the term, and who made an elaborate study of the malady* both by personal observation and converse with the opinions and observations of others, insisted that it is exhaustion and innutrition of the brain and nervous system. Dr. C. H. Hughes, of St. Louis, has suggested the term *neuratrophia*, to express the same condition, from the Greek, *νεῦρον*, nerve, and *ἀτροφία*, atrophy. But, since *neuratrophia* suggests structural changes in the nerve substance which do not necessarily exist, and *neurasthenia* suggests functional changes which do exist in the neurasthenic, the term *neurasthenia* seems to be the more appropriate, and is

* *A Practical Treatise on Nervous Exhaustion, its Symptoms, Nature, Sequences, and Treatment.* Edited with notes and additions, by A. D. Rockwell, A.M., M.D.

more generally accepted. Dr. Beard rejects, with good reason, the earlier theories of anæmia and hyperæmia as causes of this form of malady, and in fact as causes of any form of malady, and, with Erb and Stümpell, of Germany, maintains, and rightly we think, that the primary cause of the phenomena of neurasthenia is to be found in the impoverishment and exhaustion of the brain and nervous centres. It is, therefore, malnutrition of the nerve-centres, and its symptoms are as various as are the nerve-centres, which have become implicated by the affection. According to this view, there may be many forms of the malady, each having distinct and well-marked symptoms—as cerebral neurasthenia, or cerebrasthenia, involving the memory, intellection, and emotion; spinal neurasthenia, or myelasthenia, involving and disturbing the functions of the spinal cord, etc. The propriety, however, of extending the term neurasthenia to embrace derangement of the special centres of every part of the nervous system may be questioned. For our purpose, it is sufficient to limit the term neurasthenia to functional disorders of the brain and sympathetic system.

Care should be taken to distinguish between neurasthenia, which is purely a functional disease of the nervous system, and lithæmia, or derangements of the liver and kidneys, many of the symptoms of which are similar to those of neurasthenia, as Dr. Rockwell has pointed out,*—but which demand widely different treatment, not to be considered

* See new edition of Beard's *Treatise on Nervous Exhaustion*.

in this connection. In lithæmia, the patient suffers from "biliousness," and his urine shows excess of uric acid. In neurasthenia, on the other hand, there is generally absence of bilious symptoms and often a deficiency of urea in the urine. The urine should always be examined in aid of a proper diagnosis, in either case, as well as of deciding on a proper course of treatment.

The symptoms of neurasthenia. As one would naturally suppose, the symptoms of nervous exhaustion, involving, as it does, the functions of the mental life of an individual, are polyform. The malady involves the substratum of being and destroys normal thought and feeling. The victim of the malady suffers from debility of all his powers, physical and psychical. He is wanting in courage, and is beset with fears, not altogether unfounded and irrational. His power of attention is impaired; his memory is defective. He can not apply his mind to anything long at a time. What he reads to-day he forgets to-morrow. His memory of words is impaired, as also the co-ordination of speech. He drops out words in writing and speaks words he does not mean. He loses his interest in men and things; is often morose and irritable; easily vexed and annoyed; often suspicious and supersensitive; suffers from hypochondria, gloom, despair, hopelessness. He has disgust of life and living, yet fears death and dying.

The fears and apprehensions from which the neurasthenic suffer form a most distressing catalogue of symptoms, and imply a psychical paralysis far more

serious than physical paralysis, could that condition exist without involving the brain. One in the normal mental state loves to take responsibility, to assume risks, to undertake the difficult, to brave danger, and to apply himself to tasks which tax energy and skill to the utmost. It is the reverse of this with the neurasthenic. Besides, he is tormented with imaginary fears. He fears to be alone—*monophobia*, and yet dreads society—*anthropophobia*; fears a crowd or confined places, as a church or theatre—*claustrophobia*; fears disease—*pathophobia*,—in brief, fears everything—*pantaphobia*, that may tax his powers or compel the use of his faculties.

Moreover, he is possessed by morbid fancies and imaginations, and lives over troubles that never come to him. Every pain is an admonition of some impending disorder. A mere scratch is going to ultimate in blood poison; a pain in a joint is an onset of rheumatism; pain in the chest or head is premonitory of pneumonia or brain fever; if in the *mammæ*, she is going to have cancer; if in the stomach or bowels, gastritis or peritonitis. The patient will not drive or ride for fear of an accident, nor cross a bridge or ferry, nor ride in the cars for the same reason. While these fears seem foolish to him, he can not put them away or rise above them; the attempt to brave them induces serious sufferings, such as terror, palpitation of the heart, or actual heart-failure.

The neurasthenic often retain the incentive to work, and their interest in life and the things which go on in life, the power to think and carry on abstruse

intellectual processes, the love of literature and art, of the beautiful, etc. ; but the indulgence in these things is soon followed by distressing symptoms of exhaustion. Their mental powers, like their physical, are easily overtaxed and their exercise is followed with discouragement and despair, sometimes with morbid impulses as well as morbid fancies—an impulse to do desperate deeds, as homicide, suicide, destroy property, run away, etc. A patient of the writer who was neurasthenic could scarcely restrain herself from throwing her baby out of the window or jumping from the window herself, and indulging in various nervous antics of less moment after doing a little literary work. For this reason she begged not to be left alone, lest she might do some desperate deed. Another patient, the treasurer of a large business firm, could not look at a column of figures without vertigo or actual swooning.

The physical symptoms are less strongly marked in the neurasthenic and inflict less suffering, but are exceedingly annoying and inconvenient. There are frequently wandering pains in the back, loins, and extremities, also in the back of head ; explosive noises in the head ; sharp, stinging pains in the eyeballs ; defective vision, astigmatism and other structural defects of the eyes ; deafness ; confusion in the head and vertigo ; preternaturally slow, or frequent, or intermittent pulse ; swishing noises in the head synchronous with the heart-beat, aggravated by exercise, emotional excitement, lying down, by wind in the stomach or bowels, and other forms of indigestion. The vaso-motor circulation is impaired.

The patient has cold hands and feet ; finds it difficult to keep warm, even in summer ; suffers from hot flashes and unbalanced circulation, etc. In many of these cases there are physical weakness, sudden loss of strength in the arms and legs, with tremors ; impairment of speech or total loss of voice. Dr. Beard insisted that he could distinguish the neurasthenic by the voice alone, so characteristic is it in that malady.

Dyspeptic symptoms are most pronounced in these cases. The victim often complains of oppression at the epigastrium, sensation of tightness as of a band around the body at the hypogastrium, and heaviness and weight as if a paving-stone were lodged in the stomach ; wind and oppillations in the stomach and bowels, and constipation. Usually the appetite is good, with a tendency to overeat, yet he fears to indulge his appetite lest by so doing the gastric symptoms should be aggravated, and with them the reflex symptoms. These patients are apt to be finicky with their diet and to imagine that they cannot eat this or that.

The causes of neurasthenia.—The cause or causes of neurasthenia do not differ fundamentally from those of many other maladies. The predisposing cause of most diseases is debility, and this is true of neurasthenia. Whatever impairs or exhausts the tone of the central nervous system is the direct, efficient cause of that malady. Chief among these causes are idleness and dissipation, by which we mean want of wholesome employment and over-indulgence of the desires and appetites. Another

cause of less prominence is prolonged mental work, that is, taxing the brain beyond its powers, with neglect of rest. We lay less stress on this cause of the malady, because we are confident that no amount of mental labor, in and of itself, would ever cause the disease. If a man works his mind like Scott or Newton, year after year, night and day, without intermission, regardless of the conditions which nature and common-sense impose, it should be no surprise if that mind, like Scott's and Newton's, goes down in darkness. Brain and mind are one, and subject to the laws and conditions of organic life. They are not machines capable of perpetual motion regardless of conditions which supply force-forming energy. Ignorance of these conditions, or failure to recognize them, or to adapt oneself to them, is followed by debility and disease of both body and mind. Let one use his brain with all his might, with appropriate intermissions for sleep and nutrition, and he will find it the strongest and most enduring organ of his body. Should he use it inordinately, continuously, disregarding these conditions, he will find it still the strongest and most enduring organ of his body, but that it has its limitations like all things mortal, and sooner or later it will fail him, and not only fail him, but leave him a poor, miserable neurasthenic, to whom life is not worth living. Moreover, if one digs and delves inordinately on one line of thought, using for that purpose but a part—a small part—of his brain, one should not be surprised if it give out, or utterly break down, and he become a victim of mental disability, and a prey to all the vagaries which haunt an enfeebled, or an anæmic mind.

The worries and anxieties incident to civilization and the fierce struggle to get on—to attain to place and power—in America are most prolific causes of neurasthenia. In such a strife as exists in American civilization to-day it is not the fittest that survive, but rather the hardiest. Those less able to bear the strain and stress required of them faint by the way, and not a few of them with wrecked nervous systems. Even many of those who succeed, as success goes, and attain their ends, do so at the expense of body and mind. They may have reached the haven of their ambition, but, like a ship that enters port, having had to tear out and consume its insides for force to get there, they are poor, miserable hulks of humanity, barely able to maintain a semblance of life and living. These are the ones that furnish so many recruits for the ranks of the neurasthenic.

Many causes of neurasthenia may be found in the ordinary exigencies of life, such as excess of cares, watching over the sick, the racking griefs that come through bereavement and disappointment, the loss of friends, of prosperity, of position, the humiliation of defeat, the shame of sin, the remorse of conscience—these singly or in combination, all tend to depress the bodily powers, interrupt nutrition and force-supply, and impair the stamina of the nervous system.

Other causes of a physical nature are dietetic errors, over-eating, or eating unwholesome food ; neglect of the emunctories and consequent nerve-poison, such as may arise from constipation and uric acid ; malaria, the ataxic fevers, *la grippe*, etc. This last

malady has been, in this country during the last few years, a most frequent cause of neurasthenia, by its effect in depressing the powers of the nervous system. Peripheral irritation must also be set down among the less frequent causes of neurasthenia.

The prognosis in neurasthenia.—It is idle to dwell on the prognosis of nervous exhaustion, because every case should be judged by itself. In general, the prognosis is hopeful. Much depends on age. Like other cases of malady, some are amenable to treatment, and others are not. Disorders of the nervous system are slower to recover from than any other class of disorders. They involve the citadel, the centre of force and power, and deprive the organism, therefore, of the ability to appropriate nutrition by centres which are most impoverished and which need it most. This is the reason why convalescence in these cases is so slow and tedious. They require patience and perseverance on the part of both doctor and patient.

The indications of treatment for neurasthenia.—Many and varied are the remedies and measures of treatment of nervous exhaustion. Among the more rational of these measures are rest, diversion, and nutrition. We do not mean by rest, idleness. Change the occupation and bring into use new factors of the mind. Let the jaded or worn-out functions rest. Professor Starr rightly observes that “mental rest is not secured by an absence of mental activity, but by directing the mind into new channels and calling into play new departments of the organism, thus incidentally leaving those previously acting and now

exhausted, to recuperate. This is the secret of the success of travel, diversion, and novel employment in the treatment of neurasthenia." *

There is a technique of rest which should be urged upon the neurasthenic. This consists of relaxing the muscular system absolutely after taking exercise, or making any exertion. This can best be done by taking the prone position. The relief which is thus secured from muscular tension affords the system the condition needed for the more perfect diffusion and circulation of the blood. In other words, it affords nature help to do herself what electricity and massage are supposed to do for her—only more effectively.

In cases where the lower physique is not involved, the diversion of travel may be advised. Many cases, however, cannot bear the fatigue of travel and sight-seeing. The slightest exertion prostrates them. To them, repose and quietude are indispensable. These need diversion—the diversion of light amusements, games of various kinds, anything to occupy the mind without taxing it. Dr. Beard observes that he never recommends change of employment for the neurasthenic. But that is just what should be done if the patient's malady is caused by too close or too intense application to his calling. Would he have kept a man at his accounts whom the sight of a column of figures would cause to faint? Would he have kept the literary man, who had written himself into melancholia, at his books?

* *Familiar Forms of Nervous Diseases*, p. 287, by M. Allen Starr, M.D., Ph.D., New York.

This course would be absurd. Change of employment is imperative in those cases in which an employment has been pushed to inordinate length, or when such employment is of a character that brings into use a single faculty, or group of faculties. Continuance in such use would aggravate the malady.

While we do not attach much importance to over-work as a cause of neurasthenia, we recognize that there is such a fact as over-work, and that it may produce this disease. But it is among the rarer causes. Idleness, on the other hand, is a far more prolific cause of it. Action is the law of all healthy growth and development, while idleness is the bane of excellence in anything. Let no one fear the effect of work, however onerous, who brings to his task age and strength proportioned to its demands.

There are remedies which sustain important specific relations to this malady, some of which we have noted further on, but they are all secondary in importance to rest, change of employment, and nutrition. Insist on rest and diversion to the worn-out victim, that the poverished nerve-centres may have every possible aid to recovery, and see to it that appropriate and easily digestible food be supplied in ample abundance.

Change of air and scene is most beneficial. In general, the mountains and the bracing air of the north are to be preferred to the seashore or warm latitudes. We can not agree with Clouston that the natural cure of neurasthenia in America would seem

to be a "change to a more sleepy climate." * We quite agree with Clouston, however, in discrediting the use of massage in these cases. He thinks massage for the cure of neurasthenia "the most irrational that was ever conceived by the medical mind." †

We have employed massage in many cases of the disease under observation, but always with disappointment. Electricity meets the indications far better, but is useful only as auxiliary treatment. Dr. Beard and his editor, Dr. Rockwell, lay great stress on both of these measures. If there be any curative virtue in either of them, we have failed to discover it. We relegate them to that class of measures, the chief effect of which is to amuse and entertain the patient, while Nature works the miracle of cure.

We are not insensible of the value of Suggestion, nor of the usefulness of agencies and measures which appeal to Faith and Expectation in these cases. To this end, the use of the curious and ingenious electrical devices with which the offices of many specialists in diseases of the nervous system are provided, is not without effects, more or less salutary, not, be it observed, by reason of any curative virtue in the electrical agency, or mode of its appliance, but wholly by reason of the *impression which it produces on the mind of the recipient*. The interest which the patient takes in it is often so absorbing as to draw the victim of the malady out of himself, and to give a powerful stimulus to the curative powers of Nature, which are ever

* *Mental Disease*, p. 63.

† *Ibid*.

kindly operative in his behalf. The use of art and devices which thus appeal to the patient's imagination seems like quackery, the practice of which is repugnant to a fine sense of honor and inconsistent with a high degree of honesty. But it should be borne in mind that the physician has to deal with people, who, however intelligent and learned on other subjects, are ignorant of the laws of cure, by nature or otherwise, and who can be influenced more effectively by jugglery than by appeal to their reason. If he can hold his patient's confidence only by the practice of deceit or duplicity, we think he is justified in doing so, if he, at the same time, makes use, in his behalf, of the best approved remedies and measures. Was not Sir Humphry Davy justified in using the thermometer as a remedy in his celebrated case of paralysis? Or the Fiji juggler, likewise, in relieving malady by pretending to suck it out from the victim's body? Is not the Mesmerist or faith-curist justified in practising on the humble believer the delusion of laying on of hands? Our answer to these questions is in the affirmative, if the case is not amenable to more rational means.

This is one of the rare instances in which the end justifies the means.

We can not, in a paper like this, review all the drug-remedies which have come into prominence of late for the treatment of the various forms of neurasthenia. But we can not forbear to express our condemnation of the use of hypnotics. They are, at best, expedients which serve a temporary purpose. Our experience justifies the conclusion that they

leave the patient worse off than before their use. Many of them, such as opium, the bromides, and alcoholic liquors, are positively injurious, aggravating the hyperæmic condition which they are wrongly given to relieve. We fully endorse the views of Dr. M. Allen Starr, Professor of Diseases of the Mind and Nervous System, College of Physicians and Surgeons, New York, in his excellent work on *Nervous Diseases*. He says: "Bromides, choral, hyoscyamus, antipyrine, phenacetine, and sulphonal will produce a temporary relief in many cases of neurasthenia. But while this fact is admitted, I do not hesitate to say that I discountenance their use. It is like quieting the fear and hallucinations of one in delirium tremens by giving him more alcohol, to give bromides to a neurasthenic. The last state of that man is worse than the first. There are cases of delirium tremens where heart failure threatens life, and whiskey must be used with the food which combats the state of starvation present. So there are cases of extreme nervous irritation and anxiety with sleeplessness, in which phenacetine, sulphonal, and the other drugs mentioned are necessary, while other means are being employed. Such cases are the exception. The best medicinal treatment in neurasthenia is one directed to building up the nervous system, and to combating the irritable nervous weakness by giving strength rather than by suppressing irritation." *

Among the remedies the more serviceable in the hands of the writer are arsenite of potash, ergot,

* *Familiar Forms of Nervous Diseases*, p. 289.

phosphorous, phosphoric acid, strychnia, scutillaria lateriflora, cóffea, pulsatilla, sepia, digitalis, phenacetine, ignatia amara, ferrum iodide, cimicifuga, etc. Neurasthenic cases, like other cases, should be individualized. There are no two cases exactly alike, and treatment that would be good for one case would be bad for another. The indications in the selection of remedies should be closely studied and scrupulously followed. This procedure comprehends a knowledge of the specific and physiological effects of drugs on the normal human system, without which one is all at sea in therapeutics, like an empiric, rudderless, drifting helplessly, or floundering absolutely.

While it does not come within the scope of this paper to give an analysis of the remedies having a specific bearing or relation to neurasthenia, since it may be found in their pathogeneses, for the most part, which are accessible to all, we can not forbear to call attention to the specific value of the arsenite of potash and its wide usefulness in such cases. It certainly possesses, in appreciative doses, sustaining or building powers or properties in cases of nerve impoverishment.

Another drug of almost equal value is phosphorus—it is of more value in cases with weak or irritable heart centres. We find appreciative doses of the drug more effective than the attenuations, that is, doses of one-hundredth grain. Digitalis and phenacetine are likewise useful in neurasthenia, the former in irritable hearts, the latter in cerebro-spinal pains from which these cases often suffer. We pre-

scribe them as auxiliary remedies in one minim and one grain doses, repeating as occasion requires, or as the exigency of the case requires. Still another drug, but little used or known, we should not fail briefly to notice in this connection, namely, *scutillaria lateriflora*. It is of great service in quieting and comforting paroxysms of nervous exhaustion accompanied with fear, which frequently attack the neurasthenic—various fears, fear of some sudden onset of malady, of death, of going mad, of going into convulsions, etc., attended with great physical weakness and mental depression. We use it in one minim doses of the fluid extract, repeating often, as the case may require.

The following typical cases given in brief detail will afford the reader an excellent idea of the symptomatology of the malady :

Case A is a woman nearing the climacteric, of great refinement and susceptibility. She had become greatly exhausted by maternity and excess of maternal cares, though she had always been delicate. The symptoms most marked in her case were an overwhelming sense of some impending disaster, dread of being left alone, fear of losing her reason, and of sudden death. At night, after a few hours of sleep, she would awake, generally about two A.M., with coldness in the thighs, tremor in the bowels, great weakness and possessed of uncontrollable fear—a wholly unfounded and imaginary apprehension which she was powerless to reason away. There would be pressure on the head, and a sensation as if the head were bound by a band, confusion of

ideas and disposition to tears. These attacks were attended by a small, infrequent pulse, with faintness almost to syncope, necessitating the use of stimulants. The patient could not bear mental excitement, either of pleasure or pain. She could not walk—her limbs gave out; nor could she cross the ferry, ride in the cars, or drive in a carriage without danger of precipitating an attack such as I have described, so strong was the fear that possessed her of some impending disaster.

Moreover, she was tormented with imaginary woes. If she had pain in the chest, she was possessed with the idea of impending pneumonia; if the pain was in the *mammæ*, it was premonitory of cancer; if in the bowels, of peritonitis or typhoid fever; if in the head, she was going to have brain fever or become mad. And while she could usually be reasoned out of these fears, still, when alone, they returned upon her again and again. Hence, she could not be left alone without bringing on great mental suffering. Meanwhile her appetite was good, and all the functions of the digestive organs were regular. Her physiognomy, too, was that of a healthy woman.

In this case *scutillaria lateriflora*, in one minim doses of the fluid extract, has proved an efficient aid to convalescence. It is her resource whenever the more distressing symptoms return upon her.

Case B is that of a maiden lady, age forty, of nervous, sensitive temperament, with a strong bias toward intellectual and literary pursuits, in following which, together with sorrow, business anxieties and embarrassments, she broke down. We may

best give an idea of her case in her own lucid language.

She writes: "The first idea I had that anything was wrong with me was an impulse, which was almost uncontrollable, to throw myself out of my study window. That symptom came upon me during a week of most intense heat, when there was no sleep to be had by reason of it night or day. And what was most peculiar about this impulse, it was in connection with a particular window. I tried to put this impulse down by mental power, occupying a place near the window and sleeping by it, but without avail. I could not rid myself of the feeling until I left the city and sojourned awhile in the mountains. At a later period I began to have excruciating pain in the ball of my right eye. This pain was of a tearing, lancinating character, aggravated by twilight and ameliorated by bright light. This was soon followed by severe pains in the lumbar region, accompanied with difficulty in walking. My legs were inclined to be cold, and they felt like heavy weights. My nervous system did not seem to be involved at this stage of my weakness. The nervous break-down came later, and was accompanied with extreme dyspeptic symptoms and sufferings and utter prostration of body and mind. I was haunted with vagaries. I could not shut my eyes without the appearance of horrid fancies, such as floating objects of brilliant coloring, all sizes and shapes, dismembered bodies, heads, hands, and arms, children, unpleasant faces, spectres, old hags, demons. On one occasion I saw myself

lying in a coffin. All these phenomena were accompanied with insomnia. They were aggravated at the monthly crisis, which, however, seemed quite normal.

“ At this time I seemed to be able to look into the interior of my head and to see one-half of my brain—the left hemisphere. It appeared like an oblong box with partitions in it, quite empty. I could feel the blood rush into these spaces and as quickly recede, with a feeling as if I might lose consciousness. The pain in my eye was constant and most tormenting. Nothing relieved it, though I took in succession all the hypnotics known to the profession. One exception I should make to this statement, however. A certain preparation of camphor and opium sometimes mitigated the pain somewhat. Later, I began to be possessed of fears—fear of being poisoned, of impending disaster, of contracting disease, of being alone, lest I might do myself bodily harm. I imagined I was going to have lock-jaw; that I had heart disease, or should have a cancer, etc. All this time I was incapacitated from reading, though I could endure being read to, writing or conversing, walking, riding or driving, and had to keep the prone position. The least exertion caused palpitation and a feeble, frequent pulse, which I could count in my head when lying down. Insomnia was most persistent. My nights were made terrible by hallucinations, grotesque and absurd fancies, and I rejoiced when morning came and I could hear the family moving about.”

At this stage of the case the patient put her-

self under the care of the writer. We found her suffering from cerebral and spinal anæmia. Her pulse was small and easily excited; the extremities were inclined to be cold, the face and head hot, with flashes of heat and perspiration coming and going with every change of emotion. She complained of pains in the back of her head, down the spine, in the eye often excruciating, under the left nipple and over the ovarian and uterine regions and across the small of the back. There was retroversion of the womb, with slight cervicitis, and often a troublesome nausea, with indifferent appetite, which had to be nursed, and great general prostration.

Various were the remedies which were given in this case to meet and combat sufferings as they arose. Phosphorus, in rather crude form, one-hundredth of a grain, at variable intervals, was finally prescribed, with results that justified its continuance. Under the influence of this medicament, together with appropriate hygiene, the patient slowly regained her powers. Change to the mountains followed, with excellent effect.

In concluding my observations on this grave affection, I can not forbear to speak in terms of condemnation of the practice of treating neurasthenia as an imaginary malady, or as a malady having no physical predicate, or that is unreal and fanciful. It is a malady which always involves important nerve-centres, the sources of power, thought, will, feeling, and has a cause, therefore, in substance and being, as real as gout or madness. The ignorant and unthinking are apt to make levity of its foibles, fancies,

and its varying ups and downs. It is unconceivable to them that one who is really ill should be apparently so bright and cheery one hour and so utterly sad and broken the next, for which reason the sympathy and consideration which are given to the victims of other diseases of much less moment, are withheld from those of this disease. So marked, often, is this want of sympathy on the part of friends and occasionally on the part of the profession toward the neurasthenic, so inconsiderate, often, is their treatment of them, that it amounts to more than a cruelty—it is not unfrequently a barbarism. It is a dreadful affliction to an active man or woman, or an ambitious man or woman, to become a victim of nervous exhaustion, but the affliction is made doubly dreadful when, to the tortures of the malady are added the cruel reproaches of relatives and friends by an intimation that they could put away their sufferings, or rise out of them if they only would. Let no one bearing the insignia of medicine make so grave a mistake, or so cruel an imputation, but always remember that those suffering from neurasthenia deserve his most faithful, patient care, and his warmest, tenderest sympathy.

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